



**YOUTH IN TRANSITION PROGRAM
MCKINNEY-VENTO EDUCATION FOR HOMELESS
CHILDREN AND YOUTH DISPLACEMENT STATEMENT
CHARLES COUNTY PUBLIC SCHOOLS
DEPARTMENT OF STUDENT SERVICES**

SY 20____-20____

Student Name(s): _____

Parent/Guardian/Caregiver/Unaccompanied Youth Name(s): _____

Current Address: _____ City: _____ State: _____ Zip code _____

How long has your student been at this current address? Days _____ Weeks _____ Months _____ Years _____

How long do you plan for your student(s) to stay at current address? Days _____ Weeks _____ Months _____ Years _____

Other _____

Has your student lived at this residence previously? Yes No School in attendance zone of current address: _____

Who lives with your student at this current address?

Last Permanent Address: _____ City: _____ State: _____ Zip code: _____

Last School Attended (school of _____)

What was the reason for your student(s) leaving their last address? (Please explain in detail)

What is the reason for choice of school? _____

Does your name appear on a current lease, rental agreement, mortgage, or deed? Yes (If yes, please list the address below) No

Street Address: _____ City: _____ State: _____ Zip code: _____

Have you sought assistance from any community agencies? Yes (If yes, please list organization(s) below) No

I certify the above information is true, and I understand that enrolling a student under a false pretense can be punishable by law, may result in the withdrawal of my child(ren) from the above named school and/or the Charles County Public School System, and may require repayment of tuition.

Parent/Guardian/Caregiver/Unaccompanied Youth Signature: _____ Date: _____

To be completed by the Youth in Transition Coordinator or school based Pupil Personnel Worker, PPW

Family met screening criteria to receive homeless services. MV Homeless Application is completed and attached.

Family does not meet screening criteria to receive homeless services based on the following reason:

CCPS Personnel Name Signature: _____ Date: _____

Youth In Transition Coordinator PPW International Registration Coordinator

Submit to Homeless.Education@ccboe.com